

**Open Solicitation #1027387
Oral Health-Services
Approved Fee Schedule
Montgomery County Rates
Effective November 1, 2022**

Contractors providing dental services in one or more of the County's facilities or other public and non-public sites and providing oral health presentations or consultations will be paid based on invoices using the following pay scale:

I. DENTAL CONTRACTOR'S HOURLY RATES		
	Profession	Dollar/Hour
	General Dentist	\$80.00
	Pediatric Dentist	\$90.00
	Oral Surgeon	\$125.00
	Dental Hygienist	\$58.00
	Addition to hourly rate if County requires chair side assistant	\$21.00

II. DENTAL FEES FOR PRIVATE DENTAL OFFICES		
PREVENTATIVE-Space Maintenance		
CDT Codes	Description	Fee-for-service rates
D1510	Space maintainer-Fixed, Unilateral	\$120.00
D1516	Space maintainer-Fixed Bilateral, Maxillary	\$210.00
D1517	Space maintainer – Fixed Bilateral, Mandibular	\$210.00
D1520	Space maintainer – Removable - Unilateral	\$100.00
D1526	Space maintainer- Removable – Bilateral, Maxillary	\$160.00
D1527	Space maintainer – Removable – Bilateral, mandibular	\$160.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	\$24.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$25.00
RESTORATIVE		
CDT Codes	Description	Fee-for-service rates
D2950	Core buildup	\$150.00
D2954	Post and core	\$200.00
D2930	Stainless steel crown	\$200.00
D2751	PFM crown	\$600.00
ENDODONTICS		
CDT Codes	Description	Fee-for-service rates
D3310	Root canal-anterior tooth	\$345.00
D3320	Root canal-bicuspid	\$420.00
D3330	Root canal-molar	\$500.00
PERIODONTICS		
CDT Codes	Description	Fee-for-service rates
D4210	Gingivectomy or Gingivoplasty-Four or more contiguous teeth or tooth bounded spaces per quadrant	\$250.00
D4211	Gingivectomy or Gingivoplasty-One to three contiguous teeth or tooth bounded spaces per quadrant	\$150.00

D4230	Anatomical Crown Exposure-Crown Exposure-Four or more contagious teeth or tooth per quadrant	\$250.00
D4231	Anatomical Crown Exposure-Crown Exposure-One to three contagious teeth or tooth per quadrant	\$150.00
D4240	Gingival Flap Procedure, Including Root Planing- Four or more contagious teeth or tooth per quadrant	\$250.00
D4241	Gingival Flap Procedure, Including Root Planing- One to three contagious teeth or tooth per quadrant	\$150.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$225.00
D4260	Osseus Surgery - Four or more contagious teeth or tooth per quadrant	\$550.00
D4261	Osseus Surgery – One to three contagious teeth or tooth per quadrant	\$350.00
PROSTHETICS		
CDT Codes	Description	Fee-for-service rates
D5110	Complete upper dentures (including all lab fees)	\$1250.00
D5120	Complete lower dentures	\$1250.00
D5213	Upper cast partial denture	\$1250.00
D5214	Lower cast partial denture	\$1250.00
D5510	Denture repair	\$150.00
D5650	Add a tooth	\$170.00
D5660	Add/repair a clasp	\$190.00
D5410	Denture adjustment U or L	\$50.00
D5421	Partial adjustment U or L	\$50.00
D5730	Reline denture-office	\$280.00
D5750	Reline denture-lab	\$360.00
ORAL SURGERY		
CDT Codes	Description	Fee-for-service rates
D7210	Extraction- surgical	\$150.00
D7220	Soft tissue impaction	\$150.00
D7230	Partial bony Impaction	\$300.00
D7240	Full bony Impaction	\$400.00
D7250	Removal residual roots	\$150.00
D7286	Excisional biopsy	\$150.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$200.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$150.00
D7473	Removal mand torus	\$450.00
D7960	Frenectomy	\$100.00
ANESTHESIA		
CDT Codes	Description	Fee-for-service rates
D9230	Local anesthesia	\$50.00
D9248	IV sedation- 30 mins	\$200.00

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III. MOBILE DENTAL CLINIC		
CDT Codes	Description	Fee-for-service rates
00120	Periodic Oral Evaluation-Established Patient	\$40.00
D0140	Limited Oral Evaluation	\$59.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$65.00
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$72.00
D0210	Intraoral Complete Series of Radiographic Images	\$109.00
00220	Intraoral-Periapical first of Radiographic Image	\$26.00
D0230	Intraoral-Periapical Each Additional Radiographic Image	\$17.00
D0240	Intraoral-Occlusal Radiographic Image	\$32.00
D0270	Bitewing Single Radiographic Image	\$21.00
D0272	Bitewings-Two Radiographic Images	\$36.00
D0273	Bitewings-Three Radiographic Images	\$36.00
D0274	Bitewings-Four Radiographic Images	\$52.00
D0330	Panoramic Radiographic Image	\$91.00
D0460	Pulp Vitality Tests	\$46.00
D1110	Prophylaxis-Adult	\$81.00
D1120	Prophylaxis-Child	\$55.00
D1206	Topical Application Fluoride Varnish	\$40.00
D1208	Fluoride with Prophy-Adult	\$29.00
D1330	Oral Hygiene Instructions	\$49.00
D1351	Sealant per tooth	\$47.00
D1354	Interim Caries Arresting Medicament application – per tooth	\$25.00
02140	Amalgam-One surface, Primary or permanent	\$112.00
02150	Amalgam-Two surfaces, primary or permanent	\$134.00
02160	Amalgam-Three surfaces primary or permanent	\$163.00
D2161	Amalgam- Four or more surfaces primary or permanent	\$194.00
D2330	Resin-Based Composite-one surface, anterior	\$124.00
02331	Resin-Based Composite-Two Surface anterior	\$165.00
D2332	Resin-Based Composite-Three surfaces, anterior	\$197.00
D2335	Resin-Based Composite-Four or more surfaces anterior or involving Incisal angle (anterior)	\$238.00
D2391	Resin-Based Composite -1 Surface, Posterior	\$137.00
D2392	Resin-Based Composite - 2 Surface, Posterior	\$201.00
D2393	Resin-Based Composite - 3-Surface, Posterior	\$257.00
D2394	Resin-Based Composite – 4 or more Surfaces, Posterior	\$292.00
D2740	Crown-porcelain/ceramic	\$1040.00
D2752	Crown-porcelain fused to noble metal	\$921.00
D2920	Recement or re-bond crown	\$87.00
D2931	Prefabricated Stainless Steel Crown- Permanent Tooth	\$216.00
02932	Prefabricated Resin Crown	\$269.00
D2940	Protective Restoration	\$92.00
D2950	Core Build Up, Inc. Pin	\$224.00

D2951	Pin Retention	\$56.00
D2954	Prefabricated post and core in addition to crown	\$224.00
03110	Pulp Cap Direct (including final restoration)	\$67.00
03120	Pulp Cap Indirect (including final restoration)	\$61.00
03220	Therapeutic Pulpotomy	\$158.00
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$661.00
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$697.00
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$864.00
D4341	Periodontal Scaling and Root Planing, four or more teeth per Quadrant	\$234.00
D4342	Periodontal Scaling and Root Planing, Limited 1-3 teeth	\$149.00
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis	\$144.00
D5110	Complete Denture- Maxillary	\$1,330.00
D5120	Complete Denture-Mandibular	\$1,330.00
D5211	Upper Partial Resin Base	\$1000.00
D5212	Lower Partial Resin Base	\$1000.00
05213	Maxillary Partial Denture-Cast Metal Frame-Resin base	\$1500.00
D5214	Mandibular Partial Denture-Cast Metal Frame-Resin Base	\$1,500.00
D5410	Adjust Complete Denture Maxillary	\$69.00
05411	Adjust Complete Denture Mandibular	\$69.00
D5421	Adjust Partial Denture-Maxillary	\$69.00
D5422	Adjust Partial Denture- Mandibular	\$69.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$167.00
D5512	Repair Broken Complete Denture Base, Maxillary	\$167.00
D5520	Replace Missing or Broken Teeth Complete Denture Each Tooth	\$134.00
D5621	Repair Cast Partial Framework- Mandibular	\$132.00
D5622	Repair Cast Partial Framework- Maxillary	\$132.00
D5630	Repair or Replace Broken or Retentive Clasp materials-per tooth	\$207.00
D5640	Replace Broken Teeth per Tooth	\$156.00
D5650	Add Tooth to Existing Partial Denture	\$174.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$238.00
D5730	Reline Complete Maxillary Denture (Direct)	\$307.00
D5731	Reline Complete Mandibular Denture (Direct)	\$307.00
D5740	Reline Maxillary Partial Denture (Direct)	\$280.00
D5741	Reline Mandibular Partial Denture (Direct)	\$280.00
D5750	Reline Complete Maxillary Denture (Indirect)	\$405.00
D5751	Reline Complete Mandibular Denture (Indirect)	\$405.00
D5760	Reline Maxillary Partial Denture (Indirect)	\$393.00
D5761	Reline Mandibular Partial Denture (Indirect)	\$393.00
D5850	Tissue Conditioning, Maxillary	\$151.00
D5851	Tissue Conditioning, Mandibular	\$151.00
D9932	Cleaning and Inspection of Removable, Complete Denture Maxillary	\$55.00
D9933	Cleaning and Inspection of Removable, Complete Denture Mandibular	\$55.00
D9934	Cleaning and Inspection of Removable, Partial Denture Maxillary	\$55.00
D9935	Cleaning and Inspection of Removable, Partial Denture Mandibular	\$55.00
D9941	Fabrication of Athletic Mouthguard	\$150.00

D9943	Occlusal Guard Adjustment	\$95.00
D9944	Occlusal Guard- Hard Appliance Full Arch	\$300.00
D9945	Occlusal Guard- Soft Appliance- Full Arch	\$300.00
D9946	Occlusal Guard- Hard Appliance Partial Arch	\$300.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$135.00
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$220.00
D7220	Removal of Impacted Tooth- Soft Tissue	\$250.00
D7230	Removal of Impacted Tooth- Partial Bony	\$300.00
D7240	Removal of Impacted Tooth- Complete Bony	\$400.00
D7250	Removal of Residual Tooth Roots (cutting procedure)	\$230.00
D7280	Exposure of an Unerupted Tooth	\$327.00
D7285	Incisional Biopsy of Oral Tissue- hard (bone, tooth)	\$93.50
D7286	Incisional Biopsy of Oral Tissue- soft	\$100.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$200.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$150.00
D7320	Alveoloplasty not in conjunction with extractions- four or more teeth or tooth spaces per quadrant	\$240.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$190.00
D9110	Palliative (Emergency) Treatment of Dental Pain- minor procedure	\$75.00
D9310	Consultation with Specialist (non-treating Dentist or Physician)	\$75.00
D9630	Drugs or medicaments dispensed in the office for home use	\$25.00
D9910	Application of Desensitizing Medicament	\$25.00
D9930	Treatment of Complications (post-surgical) – unusual circumstances by report	\$65.00

For Mobile Dental Services on site at Homeless Shelters only, a provider may add an additional 5% to the above dental rates to cover the intensive case coordination with the Health Care for the Homeless staff.